



Citizen's Fire Academy Application

Return this form by:

Fax: (207) 784-3283

Mail: 550 Minot Ave
Auburn ME 04210

Email: sbuck@auburnmaine.gov

Full Name*			
Address*			
City, ST, Zip*			
Home Phone		Cell/Work Phone	
Date of Birth*		Drivers License #	
Employer			
Work Address			
Email			
Gender (M/F)*			
Race*			
T-Shirt Size	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2X <input type="checkbox"/> 3X		

***Information required for driving record and background check for acceptance into program.**

Please list name, address, and phone number of two personal references.

REFERENCE 1		REFERENCE 2	
Name		Name	
Address		Address	
City, State, Zip		City, State, Zip	
Home Phone		Home Phone	

How did you hear about the Citizens' Fire Academy?

What is your purpose for attending?

Have you ever been arrested for or convicted of a crime? If yes, please explain.